



## REGISTRATION INFORMATION

Dr. ☐ Prof ☐ Mr. ☐ Mrs. ☐ Ms. ☐ (please check one)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Organization \_\_\_\_\_ ☐

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

## CONFERENCE FEES

**Note that the registration deadline has been extended to July 15**

Registration Fee ( before July 15 ) ☐ **\$400** ☐ \_\_\_\_\_

Late Registration ( after July 15 ) ☐ **\$500** ☐ \_\_\_\_\_

Companion Banquet Ticket ☐ ☐ **\$40** ☐ \_\_\_\_\_

Companion Outing Ticket ☐ ☐ **\$50** ☐ \_\_\_\_\_

☐ ☐ ☐ ☐ **TOTAL** \_\_\_\_\_

## PAYMENT METHOD

Please check payment method and fill the appropriate information

☐ **Credit Card Payment** (*Visa and MasterCard only*)

*If you are paying by credit card, you must fill out the information below.* ☐

Visa ☐ MasterCard ☐ ☐

*Please check one* Company Credit Card \_\_\_\_\_ Personal Credit Card \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

LANL Participants please provide the following information:

Cost Center Code \_\_\_\_\_ Program Code \_\_\_\_\_ Cost Account \_\_\_\_\_ Work Package \_\_\_\_\_

☐ **Check Payment**

*Important: Only checks in US dollars or drawn on a US bank can be accepted. Eurocheques cannot be accepted.*

Make checks payable to: Strongly Coupled Coulomb Systems

Mail to: ☐ John Benage, MS D410

☐ Los Alamos National Laboratory ☐ P.O. Box 1663

☐ Los Alamos, New Mexico, USA 87545

☐ Phone (505) 667-8900

**Please fax this to John Benage at (505) 667-7684**